DATE____/____/____
FROM Ward / Facility_____
TRANSFER TIME_____

PATIENT NAME

PATIENT UR

Barwon Health

Reporting clinician and ext_____ Receiving clinician _____

DIAGNOSIS_____
PAST HISTORY/COMORBIDITIES_____

Discharge Destination (lives with?)_____ ALERTS ❍ YES ❍ NO
Advance Care Plan ❍ YES ❍ NO Precautions: VRE/MRSA/Other_____
Observations Prior to transfer T_____P_____R_____BP_____SpO_2_____Pain Score_____Patient Weight_____

COMPLEX CARE NEEDS ❍ N/A	❍ IVC/Subcutaneous/Central Line ❍ Trachae ❍ Chemo/Radio Therapy - *Date Completed*_____ ❍ Specialised Medication Requirements ❍ O_2 ❍ Management Plan Other_____
COGNITION ❍ N/A	❍ Behaviour issues/management plan **Confused** ❍ YES ❍ NO Close supervision required ❍ YES ❍ NO
COMMUNICATION ❍ N/A	**Aphasic** ❍ Expressive ❍ Receptive Primary Language_____*Communication Aids sent* _____
VISION ❍ N/A	❍ Glasses ❍ Contact lens ❍ Impaired Other aids_____ *Aids sent* _____
HEARING ❍ N/A	❍ Impaired ❍ Hearing aids Uses sign language ❍ YES ❍ NO *Aids sent* _____
MOBILITY	**Transfers** ❍ independent ❍ supervision ❍ assist - *type*_____ ❍ hoist ❍ sling ❍ standing **Bed Mobility** ❍ Slide sheet ❍ Independent ❍ Mod Assist ❍ Full Assist **Mobility** ❍ Independent ❍ Supervision ❍ assist - *type*_____ Gait Aid type_____ Distance_____ ❍ Wheelchair ❍ Tilt in space w/chair Falls this admission ❍ YES ❍ NO ❍ Bed alarm
BATHING	❍ Independent ❍ Set-up ❍ Mod Assist ❍ Full Assist
DRESSING/ GROOMING	❍ Independent ❍ Set-up ❍ Mod Assist ❍ Full Assist
DIET and FLUID	**Diet** ❍ FWD ❍ Soft ❍ Soft/no bread ❍ Cut-up ❍ Mince/Moist ❍ Smooth Puree ❍ Diabetic ❍ Vege ❍ No Added Salt ❍ Low K ❍ Gluten Free Other_____ **Fluids** ❍ Thin ❍ Mild thick ❍ Moderately thick ❍ Extremely thick ❍ Fasting ❍ Sips ❍ Clear ❍ Restrict_____mls ❍ Nil orally ❍ PEG-N/G -bolus/pump (Regime)_____ **Supervision/Assist** ❍ None ❍ Distant ❍ Close Medications crushed ❍ YES ❍ NO
CONTINENCE	Continent Urine ❍ YES ❍ NO Faeces ❍ YES ❍ NO Continence aids_____ Continence Plan including overnight_____ IDC ❍ YES ❍ NO Trail of Void ❍ YES ❍ NO *Date*_____ Bowels last open _____Bowel management_____
SKIN INTEGRITY	intact ❍ YES ❍ NO Pressure Ulcer ❍ YES ❍ NO Wounds management plan_____ Pressure Mattress Required ❍ YES ❍ NO ❍ High care ❍ Low care